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Foreword

Patients often leave my office and lose the benefits of the treatment by having to deal with insurance companies, as well as trying to locate old records and keep track of the new ones that accumulate so rapidly.

In our technological medical world, when chronic disease or unexpected illness strikes, we are left disempowered and often feel helpless as to what we can do to support our healing process. Puja Thomson has gifted us with not only her deep wisdom, but just as importantly, a step by step practical guide to organize our journey to wellness.

In my own practice as an acupuncturist and herbalist, I see patients constantly grappling not only with their illnesses, but also with the chaos the illness brings with it. A chronic arthritic complaint, an auto-immune disease, or cancer, may bring them in for treatment. However patients often leave my office and lose the benefits of the treatment by having to deal with insurance companies, as well as trying to locate old records and keep track of the new ones that accumulate so rapidly. As we are working to create a clear and relaxed place to

allow healing, these worries add more stress.

I am delighted that there is now an organizer which benefits not only those dealing personally with illness, but their families and friends as well. *My Health & Wellness Organizer* is indeed "an easy guide to manage your medical records." It provides a clear structure so that all your bills, forms, phone numbers, past health and current treatment information will be available immediately at your fingertips in a simple three-ring binder.

By using this powerful road map to organize your information and resources, you can create clarity out of chaos, and focus on healing.

Allow this book to support your health and simplify your life.

Jason Elias MA, LMT, LAC, DIPL. OM,
*and author of Feminine Healing,
The A to Z Guide to Herbal Remedies
and Chinese Medicine
for Maximum Immunity*

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When invited to share his perspective as a primary care physician for this organizing tool, Peter Roberts MD immediately offered to discuss pertinent issues. His helpful suggestions have enhanced and clarified the text.



Participants in my *Get Organized! Track Your Medical Paperwork* Adult Education classes at Mount St. Mary's College were the first to test out *My Health & Wellness Organizer*. Their positive feedback, encouragement and enthusiasm confirmed that this organizing tool works equally well for those who are healthy but disorganized, those overwhelmed with a health challenge and those who are responsible for helping others—a parent, child, partner or loved one—manage their medical journey.



Thank you one and all!

Dedication

To all those who at some point during treatment have thrown up their hands in exasperation at the mountain of paperwork and thought, "Isn't being sick enough to handle, without all this?"

Introduction to My Health & Wellness Organizer

Being ill is hard enough without the panic of deciding on doctors and treatment plans or the added stress of record keeping, bills, and filing. Whether you are dealing with an acute or chronic condition or attempting to maintain healthy habits, the need for preparation and organization is the same.

DIS-organization is hazardous to your health! I didn't realize how true that was until I faced my own potentially life-threatening diagnosis. Unprepared for the pressure of making decisions, and constantly accumulating information, I often felt overwhelmed. I even felt that if the illness didn't become my undoing, the paperwork would! I began to create an organizational structure within a three-ring binder to bring myself clarity and sanity.

This easy guide takes the pain out of medical record-keeping.

- ⌘ No need to try to figure out how to arrange your paperwork. It is all laid out for you.
- ⌘ Find information when you need it and incorporate new paperwork as it accumulates.
- ⌘ Become a well-prepared coordinator and manager—even if your medical records are scattered among different doctors.
- ⌘ It will free your energy and contribute to your sanity—you can more easily focus on your healing.

With clearly defined sections and guidelines for recording your emergency contacts, health history, questions to ask your doctors, tests, treatment, medications, financial & insurance records and resources, **My Health & Wellness Organizer** also helps with decision making, unforeseen medical challenges, end of life issues and much more.

If illness knocks at your door, or at the door of a loved one, you will be prepared!

- ⌘ *Your mind will NOT go blank when a doctor ask you, "When was the date of your _____ test, or when was the last time you _____?"*
- ⌘ *You will be able to help a spouse, parent, child or loved one, prepare for medical appointments.*
- ⌘ *Your loved ones will know where to find your important health information and speak on your behalf when you can't speak for yourself.*
- ⌘ *You and your whole family will benefit.*

There are many ways to organize your paperwork.
What matters is that you can find everything
—without fuss or stress.



CHRONOLOGICAL HEALTH HISTORY

Create an overview of your general medical information to the best of your ability. You will be able to give a copy to all your health care providers when they request it.

GENERAL MEDICAL INFORMATION

Today's date (mm/dd/yyyy) _____

Name _____ Age _____ Date of birth _____

Street _____ City _____ State _____ Zip _____

Home tel _____ Cell tel; _____ Work tel _____

Blood type _____ Social Security # _____

Next of kin /emergency contact _____ Best way to reach _____

Health Care Proxy _____ Best way to reach _____

Allergies (with medications, if any) _____

Vital signs, recorded by staff before you meet a doctor:

Date	Weight	Height	Blood Pressure	Pulse
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Previous surgeries, if any, with dates _____

Other medical conditions and medications _____

Any other information you think is important _____

PAST/CURRENT FAMILY HISTORY

List significant illness(es) and / or cause of death for immediate family members:

Mother _____

Father _____

Siblings _____

CHRONOLOGICAL HEALTH HISTORY (cont'd)

SOCIAL & HEALTH HISTORY

Occupation _____

Marital status _____

Please list the amount consumed:

Alcoholic beverages per day _____ /week _____ Cigarettes per day _____ /week _____

Glasses of soda per day _____ / week _____ How often do you exercise per week? _____ times

How many hours sleep do you generally get per night? _____ hours

Do you wear your seat belt regularly? Yes No

Have you experienced problems with any of the following? If yes, please explain below.

Heart / Vascular no yes*

Breathing no yes

Stomach / Intestines no yes

Female / Male Organs no yes

Kidney / Bladder no yes

Brain / Spinal Cord no yes

Muscles / Joints no yes

Thyroid no yes

Skin no yes

Cancerous Growths no yes

*Explanation of any of the above: _____

CURRENT HEALTH CHALLENGE

Chief complaint: _____

When did you first notice something was wrong? _____

What did you experience? _____

Circle severity of pain on scale 1 2 3 4 5 6 7 8 9 10

(1 = hardly noticeable and 10 = most severe)

Other Comments _____

MAKING THE MOST OF MY MEDICAL APPOINTMENTS

Part 3 My Medical Appointments offers four sets of questions that you might ask in different circumstances, all adaptable to your own situation.

Introductory questions to ask at your annual physical check-up or when you don't feel well. (Pages 37–38))

More detailed questions to ask when a practitioner gives a diagnosis or recommends tests, treatment, or seeing a specialist. (Pages 39–45)

Examples of questions specifically targeted to two different kinds of specialists: a heart-cardiovascular specialist and an orthopedist. (Pages 46–49) These can also be adapted to your specific illness. (For cancer-related concerns and questions, *My Hope & Focus Cancer Organizer* would be appropriate. For information, see www.rootsnswings.com.)

Questions for any practitioner about keeping your lifestyle healthy and when you are nearing the end of treatment. (Pages 50–53)

BEFORE ANY MEDICAL APPOINTMENT

Whether about a diagnosis, treatment or test, ask yourself, **“What do I want to know?”**

Highlight the questions listed on the following pages that you wish to ask. Cross out those you do not wish to ask and add any others. Adapt the questions for your situation, always using words that come naturally to you.

AT YOUR VISIT

Ask the doctor your questions, and ask your companion / navigator to note the answers.



PREPARE DETAILED QUESTIONS IN ADVANCE

This will help you to get the most out of your medical visits:

- * Plan ahead to invite a member of your personal support team or a local advocacy group to go with you.
- * Review, reorder and regroup your questions/concerns in your own words on the following pages or on a new sheet of paper.
- * Go through the list systematically to make sure that you have nothing left to check or if the wording could be more precise. It's your right to have your questions answered, but physicians are very busy people. Be as succinct and clear as possible. If your questions are clear, your doctors' answers can be more focused and helpful.
- * Make extra copies of the list to take with you, one for the person accompanying you and one for your physician or health professional, if you wish him or her to have it.
- * Respect the limits of what you can comfortably handle at any one time as you do this preparation. Take breaks and enlist help so that you don't get overwhelmed. While it is normal to feel overwhelmed, being well prepared will build your confidence.

QUESTIONS
for...

MY PRIMARY CARE PHYSICIAN AT MY ANNUAL ROUTINE PHYSICAL EXAMINATION

Dr. _____ Date (mmddyyyy) _____

1. Expect a nurse or staff member to take your blood pressure, pulse and ask you to give a urine sample before you see the doctor. If asked, fill out or update your health history profile on your doctor's form. (refer to your health history log on pages 14–15)
2. **Expect your doctor to ask you the following questions, especially if you are a new patient.** (It is likely that you will have prepared answers to these questions in your chronological health history on pages 14–15.)
 - a. Have you noticed any changes since your last visit?
What is your past medical history?
Do you have any allergies?
Family medical history
 - b. List all medications are you taking. Any new medications?
 - c. What is your activity level? Per day/week/month
Walking
Sports
Other
 - d. What is your alcohol, tobacco and drug use? (Please list)
 - e. Any recent visits to any other doctors? (E.g. cardiologist, or other specialist) If my office does not have these results/reports, please request that they be sent in the future.
3. **Be prepared to ask these questions:**
 - a. What is my blood pressure?
 - b. What was the result of my urine analysis?
 - c. What suggestions do you have for me to maintain and improve my health?
 - d. Do you recommend any tests? If so, what are they, and why are they needed?
 - e. Given my health history, should I have any adult immunizations? (For example: Tetanus shot, Flu shot, other)
 - f. What are your specific recommendations regarding next steps?

NOTE: Your primary care physician's questions will also be similar to those any health professional will ask you on a first visit—whatever your medical issue may be.

Being prepared to answer or ask these questions will come in handy at other health visits.